



PANHANDLE HEALTH DISTRICT
Health Insurance Information Portability
And Accountability Act (HIPAA) Compliance

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Privacy Notice, please contact our Privacy Officer:

Jim Fenton, Privacy Officer
Panhandle Health District
8500 N Atlas Rd
Hayden ID 83835
208-415-5112

Effective January 1, 2014

The Panhandle Health District is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations for other purposes permitted or required by law. It also describes your right to access and control your protected information. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present, future physical health and related health care services.

We are required to abide by the terms of Notice of Privacy Practices. We may change our notice at any time. The new notice will be effective for all protected health information maintained at that time. Upon your request, we will provide you with our Notice of Privacy Practices at the time of your appointment or is available on our website at www.phd1.idaho.gov.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by a nurse, nurse practitioner, our office staff or others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of Panhandle Health District.

Following are examples of the types of uses and disclosures of your protected health information that Panhandle Health District will use for treatment, payment and health care operations. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example we would disclose your protected health information, as necessary, to home health agency therapists that provide care to you. If necessary, we will disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to guarantee that the physician has the necessary information to diagnose or treat you.

We may contact you to provide appointment reminders.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider. An example of this is a specialist or laboratory that, at the request of your Panhandle Health District provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your provider.

- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you. Examples would be making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking record review activities. For example determining if the family planning services we offer are covered under your particular policy.
- **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of Panhandle Health District. These activities include, but are not limited to, quality assessment activities, employee review activities, training of nursing students, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to nursing school students that may be serving an internship with Panhandle Health District and assist the nurse in your exam at clinic. We may also call you by name in the waiting room when the clinician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment.

We will share your protected health information with third party “business associates” that perform various activities, for example: billing, tracking of immunizations for the state review, and tracking of communicable disease for control. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with Business Associates that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information Based upon Your Written

Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that Panhandle Health District has taken an action in reliance on the use or disclosure indicated in the authorization.

- **Research:** We may disclose your protected health information, with your permission, to researchers when their research has been approved by a Public Health District review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Other Permitted and Required Uses and Disclosures that may be made with your Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your nurse or practitioner may, using professional judgment, to determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- **Others Involved in Your Healthcare: (Home Health Patients)** Unless you object, we may disclose to a member of your family, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any person that is responsible for your care, general condition or death. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens Panhandle Health District shall try to obtain your acknowledgement as soon as reasonably practicable after the delivery of treatment. If Panhandle Health District is required by law to treat you and the clinician has attempted to obtain your acknowledgement, but is unable to obtain your acknowledgement, he or she may still use or disclose your protected health information to treat you.
- **Communication Barriers:** We may use and disclose your protected health information if Panhandle Health District attempts to obtain acknowledgement from you, but is unable to do so due to substantial communication barriers and the clinician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

- **Required by Law:** We may use or disclose your protected health information to the extent that law requires for the use or disclosure. This use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. In this area we are the Public Health authority, but we may be obligated to share information with the Centers for Disease Control or the Food and Drug Administration. We may also disclose your protected health information, if directed by a higher public health authority, to a foreign government health agency that is collaborating with Panhandle Health District.
- **Communicable Diseases:** We may disclose your protected health information, keeping your name confidential, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care systems, government benefit programs, other government regulatory programs and civil rights law.
- **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings:** We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes otherwise required by law, (2) limited information requests for identification and location purposes (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Panhandle Health

District, and (6) medical emergency (not on Panhandle Health District premises) and it is likely that a crime has occurred.

- **Coroners, Funeral Directors, and Organ Donations:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend the individual.
- **National Security:** We may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act, Section 164.500 et. Seq.

As of November 30, 2009 HIPAA has been amended to reflect the Health Information Technology for Economic and Clinical Health Act (the HITECH act) which was part of the American Recovery and Reinvestment Act of 2009. HITECH amends regulations as they relate to the imposition of civil money penalties for breaches of electronic medical records into tiers of blame and intent of the breach.

The HITECH act also changes business associate contracts between the covered entity, hereby known as Panhandle Health District and their business associates. Under previous agreements our Business Associates agreed to HIPAA regulations, but were not responsible for breaches of security or privacy. New regulations state that Business associates are subject to direct enforcement by both the Department of Health and Human Services and individual state attorneys.

In case of a breach of electronic medical records by Panhandle Health District or a Business Associate the affected individual (client) will be notified. The rule requires

that the notification will be in plain language so the client can understand what happened, when it happened and what information was revealed. Panhandle Health District will give the client steps to protect them from any other harm. A summary of how the breach is being handled and remediated will be given to the client as well as contact information for further questions that the client may have.

2. Your Rights as a Patient of Panhandle Health District

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your clinician and Panhandle Health District uses for making decisions about you. Panhandle Health District has the right to ask five cents a sheet to copy the record and 24 hours from the time the request is made (if the record is current and not stored for archive) for pickup of the record at PHD, or 30 days by mail.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

- **You have the right to request a restriction to your protected health information.** This means you may ask not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information may not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Panhandle Health District is not required to agree to a restriction that you may request, except if: The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or person other than the health plan on behalf of you, has paid Panhandle Health District in full. If the clinician or nurse believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Panhandle Health District agrees to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by notifying Panhandle Health District’s Privacy Officer at (208) 415-5112 and asking for

Jim Fenton.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer or inform the front desk of your wishes.
- **You may have the right to have Panhandle Health District amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you, to family members or friends involved in your care (if you are a part of Home Health program), or for notification purposes. You have the right to specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- **You have the right to request and receive a review of a denial of access** by a licensed health care professional who did not participate in the original decision to deny your request for access. In the event the Panhandle Health District has denied access, under specific circumstances you have the right to request and received a review of the denial.
- **You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

3. **Complaints**

You may file a complaint to Panhandle Health District directly or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy contact at (208)415-5112 or email address jfenton@phd1.idaho.gov for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003
The notice was amended and becomes effective on March 11, 2010
This notice was amended and becomes effective on October 1, 2012
This notice was amended and becomes effective on August 15, 2013
This notice was amended and becomes effective on January 1, 2014